



St. Peter's Episcopal Church
121 Church Street, Phoenixville, PA 19460
610-933-2195 – Fax 610-933-6565
www.saintpetersphoenix@gmail.com

Membership Form

Date _____

General Information

Household Name _____

Household Mailing Address _____

City, State and Zip _____

Household Phone Number _____

Member Name _____

First Middle Last

Birthdate: _____ Baptism Date _____ Confirmation Date _____

E-mail _____ Cell phone _____

Member Name _____ Maiden Name _____

First Middle Last

Birthdate: _____ Baptism Date _____ Confirmation Date _____

E-mail _____ Cell phone _____

Family Information

Marriage Date _____

Names of children becoming members with you:

Full Name _____ Birth Date _____

Baptism Date _____ Confirmation Date _____

Full Name _____ Birth Date _____

Baptism Date _____ Confirmation Date _____

Full Name _____ Birth Date _____

Baptism Date _____ Confirmation Date _____

Full Name _____ Birth Date _____

Baptism Date _____ Confirmation Date _____

Please provide any information that may be helpful to the staff at St. Peter's concerning special circumstances involved with the children ie: different address than yours, etc.

Place of Employment (H) _____ Work Phone (H) _____

Place of Employment (S) _____ Work Phone (S) _____

Emergency Contact Person _____ Phone # _____

Spiritual Information

Are you presently a member of a church? Yes _____ No _____

If yes, have you secured your transfer or release? _____

Would you like us to take care of that for you? _____

Name and address of your former church _____

How did you come to attend this congregation?

Invited _____ Phone Book _____ Website _____ Other _____

Who do you know in this congregation? _____

How would you like to receive news from the parish? E-mail _____ Mailed _____